

**DFI Biographical Statement**

This application must be completed by typewriter or legibly printed.

Do not leave any blank spaces. There must be an answer provided for each inquiry. If not applicable use "None" or "n/a".

1. Identifying Information

Individual's Full Legal Name		Title/Position:		Years of Experience:
Licensee/Applicant Name:		License Type:	AzDFI License # (if applicable):	
Residential Address:				
City:		State:	Zip Code:	
Home Telephone Number:	Mobile Telephone Number:		E-mail Address:	
Alias(es) Nicknames, or changes in name:		Maiden Name (if applicable)		
Social Security No.:	Date of Birth:	Place of Birth:	Drivers License No. & State of Issue:	
For amendments only: If this filing reports that an individuals name has changed, enter the new name and attach supporting legal documentation:				
Last Name:	First Name:	Full Middle Name:	Suffix:	

2. Residence Information

Show all residences for the past ten (10) years in chronological order with the most recent first. Attach additional pages if necessary.

From:	Address:	City:	State:	Zip Code:
To:				
From:	Address:	City:	State:	Zip Code:
To:				
From:	Address:	City:	State:	Zip Code:
To:				
From:	Address:	City:	State:	Zip Code:
To:				
From:	Address:	City:	State:	Zip Code:
To:				



3. Employment Information

A. Employment History:

Show every employment you have had and all periods of employment for the past ten (10) years in chronological order with the most recent first. Operating your own business is considered employment, Please list that information. You must include complete addresses. Resumes or personal references are not accepted in lieu of completing this form (Include current position). Attach additional pages if necessary.

From:	Name of Employer:	Address of Employer:
To:		
Position/Title:	Reason for Leaving:	
Supervisor:		
From:	Name of Employer:	Address of Employer:
To:		
Position/Title:	Reason for Leaving:	
Supervisor:		
From:	Name of Employer:	Address of Employer:
To:		
Position/Title:	Reason for Leaving:	
Supervisor:		
From:	Name of Employer:	Address of Employer:
To:		
Position/Title:	Reason for Leaving:	
Supervisor:		
From:	Name of Employer:	Address of Employer:
To:		
Position/Title:	Reason for Leaving:	
Supervisor:		

**5. Disclosures**

If the answer to any of the following is "YES", provide complete details of all events or proceedings in an attachment, including as applicable; name and location of court, docket or case number, and status and summary of event or proceeding; copies of applicable charge(s), order(s), and/or consent agreement(s). Refer to the explanation of terms section of the instructions for explanations of italicized terms. Remember to file updates of these disclosures as needed.

A. Criminal Disclosure

	YES	NO
(a) Has the individual ever:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?		
(2) been charged with any felony?		
(b) In the past ten years has the individual:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a misdemeanor involving: financial services or a financial services-related business; any fraud, false statements, or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses?		
(2) been charged with a misdemeanor specified in 9(B)(1)?		

B. Regulatory Action Disclosure

(c) In the past ten years, has any State or federal regulatory agency or foreign financial		
(1) found the individual to have made a false statement or omission or been dishonest, unfair or unethical?		
(2) found the individual to have been involved in a violation of a financial services-related regulation(s) or statute(s)?		
(3) found the individual to have been a cause of a financial services-related business having its authorization to do business denied, suspended, revoked or restricted?		
(4) entered an order against the individual in connection with a financial services-related activity?		
(5) denied, suspended, or revoked the individual's registration or license or otherwise, by order, prevented it from associating with a financial services-related business or restricted its activities?		
(d) Has the individual's authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended?		
(e) Is the individual now the subject of any regulatory proceeding that could result in a "yes" answer to any part of 9(C)?		

C. Civil Judicial Disclosure

(f) Has any domestic or foreign court:		
(a) in the past ten years enjoined the individual in connection with any financial services-related activity?		
(b) in the past ten years found the individual to be in violation of any financial services-related statute(s) or regulation(s)?		
(c) in the past ten years dismissed, pursuant to a settlement agreement, a financial services-related civil action brought against the applicant by a State or foreign financial regulatory authority?		
(g) Is the individual named in any pending financial services-related civil action that could result in a "yes" answer to any part of (f)?		



D. Financial Disclosure

(h) In the past ten years has the individual been the subject of a bankruptcy petition?

(i) Has a bonding company ever denied, paid out on, or revoked a bond for the individual?

(j) Does the individual have any unsatisfied judgments or liens against them?

6. Affidavit:

State of _____

County of _____

I _____ as _____ swear or affirm that I have executed this form
Print Name Print Official Title

before a Notary Public, of my own free will and:

(a) I have read and understand the items and instructions on this form;

(b) My answers (including attachments) are true and complete to the best of my knowledge;

(c) I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers;

(d) I authorize all my current and former *employers*, law enforcement agencies, and any other *person* to furnish to any *jurisdiction*, or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former *employers*, complete reasons for my termination;

(e) I have read and understand applicable federal and state law, and will be in compliance at all times;

(f) I promise to keep the information contained in this form current and to file accurate supplementary information on a timely basis;

Signature of individual: _____ Date (MM/DD/YYYY) _____

Subscribed and sworn to before me this _____ day of _____ 20____
Date Month Year

Print Notary Public name: _____ Notary Public signature: _____

Notary Appointment Expires (MM/DD/YYYY): _____ Notary seal here



DFI Biographical Statement Checklist

- ☐ Biographical Statement
- ☐ Copy of Driver License
- ☐ Background Check: Refer to the new license checklist or amendment checklist on whom should complete the background check.
- ☐ Letter of explanation and all applicable documents for any Disclosure question that was marked "Yes".

Did You Remember To:

- ☐ Answer ALL blanks, questions or statements AND if not applicable entered "NONE" or "N/A"
- ☐ Legibly print or type all information on all documents
- ☐ Staple each individual set of forms together
- ☐ Properly label attachments to correspond with the applicable document and document inquiry
- ☐ Sign and notarize all documents where applicable
- ☐ Make copies for your records
- ☐ Include all documents required before submitting application packet